

Clinical Supervision for all providers whose certification chapters reference supervision

November 8, 2016

All Chapter 27 Providers:

We have received some inquiries regarding the addition of the supervision standard to Ch. 27. Although we've responded individually to these inquiries, we thought it would be a good idea to send out a mass email to **ALL** providers who have supervision in their chapters, either as guidance for those who are encountering it for the first time or as a refresher for those who may have had it in their chapter for some time.

The exact verbiage of the standard is in the attached Word document. In putting the standard into practice, here are some things to keep in mind:

- 1) The standard does not refer to supervision for licensure.
- 2) The standard does refer to clinical supervision of all direct care staff, regardless of whether they are contract or not, or under supervision for licensure, or already licensed.
- 3) All direct care staff also applies to certified as well as licensed staff. So, if your agency utilizes CM's or PRSS's, they should be receiving supervision as well.
- 4) Supervision should be an ongoing practice. It is up to the provider to determine how they will flesh this out in their policy and practice (procedure).

What does Provider Certification look for in terms of this standard?

A) We want to see that your agency has fleshed out in policy and procedure how you will carry out supervision. This is unique to each agency and, as such, is up to each agency to develop. There are specific items in the standard that need to be addressed when writing your policy and these are delineated in the standard.

B) We do want to see documentation of (c)(1-3). The supervisor should be inquiring into effectiveness and appropriateness of treatment and documenting whether these have been met. In addition to this, the supervisor should be rendering feedback to the clinician to enhance their clinical skills. **This should be a learning experience for the clinician.**

In addition to the supervision that is addressed within your policy, supervision can also occur in an informal situation. For example, one of your staff meets the supervisor in the hall and says "I'm having problems with one of my group members. He won't stay focused." Then, the supervisor would delve into effectiveness and appropriateness of treatment and would offer feedback. *I have encouraged providers to keep blank supervision sheets in their office so they can jot down these informal occurrences.*

C) Supervision can be different from staffings/case reviews or they can be done in conjunction with them. Many times with the staffings, we'll see comments like "continue" or "don't forget to turn in your treatment plan". **Supervision, in terms of this standard, is clinical supervision in which feedback is provided to enhance clinical skills, not administrative skills.** *In order to keep documentation separate, it may help providers to keep their supervision in a binder with a tab between administrative staffings/case reviews and supervision. Provider Certification will be scoring the supervision.*